CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE RCW 49.48.120

(AFFIDAVIT FORM)

ST	ATE O	F W	ASHINGTON)	Warrant/Check No(s)		
			COUNTY)	Fund		
1.	In the matter of the amounts due to deceased employee employed by (Print legal name of deceased employee) (Name of state agency)						
	of the state of Washington at the time of his/her death.					ncy /	
2.	. I am (check one of the following):						
			The legally married spouse of the deceased;				
			claim form to call children si	obtain proportionate sl	ltiple children of deceased, each are of the amounts due the deceat states one child, on behalf of the control	ased employee unless	
			A parent of the deceased (if parents of deceased are married, only one parent need sign the claim form; if parents divorced, each must sign separate claim forms and each will receive half of what is owed to deceased).				
3.				tative, executor o been appointed.	r administrator of the dec	ceased	
4.	. Check one of the following:						
☐ Claim is made for the amount due the deceased employservices performed and/or expense reimbursements or not exceeding the sum of \$10,000*, or					ense reimbursements or all		
		*Beginning July 1, 2005, an amount calculated pursuant to RCW 49.48.120(2)(increase based on the Seattle CPI)					
			Claim is made for the full amount due the deceased employee for labor, services performed or expense reimbursements or allowances which claim is allowed because the deceased employee and the claimant had entered into a community property agreement (CPA) (attach copy of the agreement), the CPA was executed in good faith, was not rescinded by the parties before the deceased employee's death, and upon the death of the deceased employee, the indebtedness owing to the employee became the sole property of the surviving spouse.				
					Signature of Claimant	 Date	
	Su	bscr	ribed to and sv	worn before me this	day of	, 20	
					Notary Public for the State Of Washington, residing at		
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